PERFORMANCE AGREEMENT
(fill out one of these for each Learning Objective)

Student’s Name: ______________________ Date: ______________________

Company Name: ______________________ Supervisor’s Name: ______________________

Supervisor’s Email: ______________________ Phone: ______________________

Student Learning Objective #_____ Target Date: ______________________

The Goal: ________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Learning Steps: __________________________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Measurement Criteria: ____________________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

We agree with the validity of the learning objectives listed above. The employer and the college agree to provide the necessary supervision and counseling to ensure that the student/employee receives appropriate education benefit under the control of the College District.

_________________________   _____________________________   ______________________________
Supervisor Signature, date   Student Signature, date   Instructor Signature, date

END of semester:

Supervisor’s Comments: ________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Rating Scale:  5 = Outstanding   4 = Good   3 = Average   2 = Fair   1 = Not done/no progress

Rating:

Ohlone College Work Experience Education